

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

101549886

APPLICANT

FILING DATE

CLAIMS

AS FILED                    AFTER  
IND.      DEP.            IND.      DEP.            IND.      DEP.

AMENDMENT                    AMENDMENT                    AMENDMENT

|                 |    |    |    |    |  |  |
|-----------------|----|----|----|----|--|--|
| 1               |    |    | /  | /  |  |  |
| 2               |    |    | /  | /  |  |  |
| 3               |    |    | /  | /  |  |  |
| 4               |    |    | /  | /  |  |  |
| 5               |    |    | /  | /  |  |  |
| 6               |    |    | /  | /  |  |  |
| 7               |    |    | /  | /  |  |  |
| 8               |    |    | /  | /  |  |  |
| 9               |    |    | /  | /  |  |  |
| 10              |    |    | /  | /  |  |  |
| 11              |    |    | /  | /  |  |  |
| 12              |    |    | /  | /  |  |  |
| 13              |    |    | /  | /  |  |  |
| 14              |    |    | /  | /  |  |  |
| 15              |    |    | /  | /  |  |  |
| 16              |    |    | /  | /  |  |  |
| 17              |    |    | /  | /  |  |  |
| 18              |    |    | /  | /  |  |  |
| 19              |    |    | /  | /  |  |  |
| 20              |    |    | /  | /  |  |  |
| 21              |    |    | /  | /  |  |  |
| 22              |    |    | /  | /  |  |  |
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| 34              |    |    | /  | /  |  |  |
| 35              |    |    |    |    |  |  |
| 36              |    |    |    |    |  |  |
| 37              |    |    |    |    |  |  |
| 38              |    |    |    |    |  |  |
| 39              |    |    |    |    |  |  |
| 40              |    |    |    |    |  |  |
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| 42              |    |    |    |    |  |  |
| 43              |    |    |    |    |  |  |
| 44              |    |    |    |    |  |  |
| 45              |    |    |    |    |  |  |
| 46              |    |    |    |    |  |  |
| 47              |    |    |    |    |  |  |
| 48              |    |    |    |    |  |  |
| 49              |    |    |    |    |  |  |
| 50              |    |    |    |    |  |  |
| TOTAL<br>NO.    | 2  | 2  | 2  | 2  |  |  |
| TOTAL<br>DEP.   | 34 | 31 | 31 | 31 |  |  |
| TOTAL<br>CLAIMS | 36 | 33 | 33 | 33 |  |  |

AS FILED                    AFTER  
IND.      DEP.            IND.      DEP.            IND.      DEP.

AMENDMENT                    AMENDMENT                    AMENDMENT

|                 |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|
| 51              |  |  |  |  |  |  |
| 52              |  |  |  |  |  |  |
| 53              |  |  |  |  |  |  |
| 54              |  |  |  |  |  |  |
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| 56              |  |  |  |  |  |  |
| 57              |  |  |  |  |  |  |
| 58              |  |  |  |  |  |  |
| 59              |  |  |  |  |  |  |
| 60              |  |  |  |  |  |  |
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| 62              |  |  |  |  |  |  |
| 63              |  |  |  |  |  |  |
| 64              |  |  |  |  |  |  |
| 65              |  |  |  |  |  |  |
| 66              |  |  |  |  |  |  |
| 67              |  |  |  |  |  |  |
| 68              |  |  |  |  |  |  |
| 69              |  |  |  |  |  |  |
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| 74              |  |  |  |  |  |  |
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| 76              |  |  |  |  |  |  |
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| 79              |  |  |  |  |  |  |
| 80              |  |  |  |  |  |  |
| 81              |  |  |  |  |  |  |
| 82              |  |  |  |  |  |  |
| 83              |  |  |  |  |  |  |
| 84              |  |  |  |  |  |  |
| 85              |  |  |  |  |  |  |
| 86              |  |  |  |  |  |  |
| 87              |  |  |  |  |  |  |
| 88              |  |  |  |  |  |  |
| 89              |  |  |  |  |  |  |
| 90              |  |  |  |  |  |  |
| 91              |  |  |  |  |  |  |
| 92              |  |  |  |  |  |  |
| 93              |  |  |  |  |  |  |
| 94              |  |  |  |  |  |  |
| 95              |  |  |  |  |  |  |
| 96              |  |  |  |  |  |  |
| 97              |  |  |  |  |  |  |
| 98              |  |  |  |  |  |  |
| 99              |  |  |  |  |  |  |
| 100             |  |  |  |  |  |  |
| TOTAL<br>NO.    |  |  |  |  |  |  |
| TOTAL<br>DEP.   |  |  |  |  |  |  |
| TOTAL<br>CLAIMS |  |  |  |  |  |  |